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ABSTRACT

The preface to this document explains action by the Iowa legislature mandating that all schools in the state teach human growth and development to students in kindergarten through grade 12 and notes that education concerning Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) is one of the components which are mandated. The materials presented in this publication are intended for use in HIV/AIDS education. A notebook format was chosen so additions and deletions could be made as research brings forth new information. Included in the materials are a manual for initial assistance to schools and communities; the AIDS/HIV Portion of the Human Growth and Development Curriculum Guide with activities for grades kindergarten-3, 4-6, 7-9, and 10-12; the early elementary model curriculum "Meet the Somebodies," designed for use in prekindergarten, kindergarten, and first grade; a bibliography of approved materials to be used in AIDS/HIV education; and appended materials including the relevant legislation. (NB)

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AIDS/HIV Education

Bureau of Instruction and Curriculum
Iowa Department of Education

Introduction

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Iowa, a place to grow

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PREFACE

Iowa's legislature passed Senate File 2094 during the 1988 legislative session. That new law mandates that all schools in Iowa teach Human-Growth and Development to students in kindergarten through grade twelve. HIV/AIDS education is specifically mentioned as one of the components which are mandated.

A cooperative agreement with the Centers for Disease Control encourages the Department of Education in Iowa to implement a program through which all Iowa school children will be educated so they understand what the disease is, how it is transmitted, and how it is avoided. Comprehensive education for HIV/AIDS will begin during this school year, and continue through following years in a cummulative manner, so that young people can use their knowledge as a basis for deciding upon future behaviors and life styles. Schools will be surveyed annually to determine the status of their educational involvement, while randomly selected districts will be asked to allow student surveys to take place, so that a data base of knowledge, attitudes and behavior can be established, and changes monitored. Our educational plan will be based on the needs that the collected data indicates is present among our students. It is our goal that every student who passes through the educational program in Iowa will then have the opportunity to benefit from the only vaccine now available to prevent HIV infection--namely education.

Iowa's state motto is, "Iowa, a Place to Grow." That theme becomes a challenge to school personnel at this time of a nation wide HIV/AIDS epidemic when no cure seems to be in the immediate future. The children of Iowa have a right to grow into productive adults who will contribute to the advancement of society in a world wide perspective. Iowan's are proud of many people who have done just that including the inventor of the computer, and a president of our United States. Ii we are to help our young people become productive citizens, we need to provide them with factual information about being male and female , decision making skills, tools with which to communicate, and concern for humankind. Those concepts are components of our HIV/AIDS preventative educational plan. We feel that a positive aspect of the epidemic is that schools can now address these themes in ways we have not felt free to do so in the past. Because of the HIV/AIDS epidemic and its' urgency to educate, our children will have the opportunity to grow in those ways in a more organized fashion than may have been without this imperative.

The contents of this notebook were designed to put education for HIV/AIDS into a positive perspective. The notebook format was chosen so additions and deletions may be made as research brings forth new information, and HIV/AIDS related educational materials can be kept organized with ease.

With a positive approach toward HIV/AIDS education, combined with ocoperative efforts from the Centers for Disease Control, the Iowa Department of Education, the area education agencies and the local school districts, the children in Iowa will be less threatened by this deadly epidemic, and can enjoy a greater opportunity to grow.

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This publication was completed with support provided by cooperative agreement (number U63/CCU703067-01) with the Division of Adolescent and School Health, Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, Atlanta GA 30333.

SUGGESTED GUIDELINES FOR CURRICULUM CHOICES

I. GENERAL INFORMATION

---speaks to CDC's recommended concepts
---accurate
---free from sexual bias
---current
---culturally sensitive
---addresses ways of transmission/non transmission
---recommended for specific age groups

2. LANGUAGE

---inclusive
---respectful
---clear/precise
---contains vocabulary list with definitions
---appropriate for specific age group

3. USABILITY

---provides introductory activities
---identifies learner outcomes
---suggests evaluation techniques
---available for loan
---permission to reproduce activities
---contains suggestions for infusion/integration into other curricular areas

4. APPEAL

---attractive format
---addresses concepts with creativity
---economical cost

AIDS/HIV Education

Bureau of Instruction and Curriculum
Iowa Department of Education

AIDS/HIV Resource Manual

Iowa, a place to grow

AIDS/HIV Education

Bureau of Instruction and Curriculum
Iowa Department of Education

IASC Manual
Becoming an AIDS/HIV Pro

Iowa, a place to grow

I-ASC MANUAL

Initial Assistance to Schools and Communities

HIV/AIDS Education
Bureau of Instruction and Curriculum
Iowa Department of Education

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INTRODUCTION

Some school districts do not have a procedure for first response to HIV positive students and/or staff and their families. This manual has suggestions for a proactive approach so that policies and education plans can be in place before an HIV positive person is identified in most districts.

This manual is intended to present a positive approach to dealing with the AIDS/HIV crisis, to inform school administrators in a simple and direct format, to provide a check list for procedures dealing with a student or employee with AIDS/HIV, and to provide a tool for uniformity among school districts while responding to the AIDS/HIV crisis.

A team from the Iowa Department of Education and the Iowa Department of Health will be available to districts if and when identification of an HIV positive person occurs. Contact people are:

Elain Edge, Department of Education, (515) 281-8170,

Pat Young, Department of Health, (515) 242-5838.

This manual has been written and distributed to assist schools and communities with an understanding of the AIDS epidemic and their personal preparation for dealing with its existence as well as their contribution to halting its spread.

Through the use of this manual, schools are invited to become an AIDS Pro, specifically:

Pro people
Pro tector
Pro vider
Pro active
Pro moter
Pro fessional
Pro ductive

Pro people

More than 84,000 people in the United States have been diagnosed as having AIDS. It is no longer THEM vs. US. The disease has now touched the lives of someone that most of us know. Each of the persons with AIDS/HIV is a real person, with basic needs and feelings, with a family and friends, with dreams and a desire to live. Schools and communities which are Pro People can:

- refer to Persons With AIDS as just that, or better yet, Persons Living with AIDS. No child or employee would be called a victim in a Pro People school district.
- diminish the anxiety of people with AIDS/HIV by treating them with integrity, honoring confidentiality, and allowing them to continue their education or employment as long as they are able. The person is not infectious, only some of his/her bodily fluids. Precautions need to be taken while dealing with those fluids, not while dealing with the person.
- remember that we are fighting a deadly disease, not each other.

Pro tector

Education is the only known preventative or treatment at this writing. Most of the persons with AIDS/HIV became infected before they knew how to prevent the disease. Schools and communities can assume the role of protectors if they:

- let all ages of people become aware of the ways AIDS/HIV can be prevented.
- acknowledge that less than .2 percent of all the U.S. AIDS/HIV cases have been reported in Iowa, and make the decision that we will not increase that percentage.
- implement protective measures which insure killing the virus should it appear outside the body in blood, semen, or vaginal fluids by using one part bleach and ten parts water on all bodily spills. This solution is effective against all communicable diseases.
- allow people living with AIDS/HIV to continue their role in the school or community as long as their health permits. The risk of transmitting AIDS/HIV through casual contact from work, school or home is virtually nonexistent. (1)
- insure confidentiality concerning a person within the school family who is HIV positive.

Pro vider

According to the latest Gallup Poll, 90 percent of those interviewed believe AIDS preventative education should be taught in the schools. Only five percent feel it should not, while five percent stated they did not know. "The success of any school-based curriculum on AIDS must include a broadly representative committee that has access to appropriate medical consultants, and the capability to prepare and implement educational programs appropriate for school staff and the public." (2) Iowa's SF 2094 requires a resource committee composed of representatives of parents, teachers, administrators, students, health care professionals, and members of the community to work together planning a local Human Growth and Development program, of which AIDS is one of the issues to be addressed. (3) By combining efforts, schools and communities can be effective providers of AIDS/HIV education by:

- providing factual and updated information about AIDS/HIV and the ways it can be prevented. Because that information changes as more research takes place, education needs to be on going. At best, it will be offered at least annually and will be age appropriate and specific.
- providing an educational design and the required time which will allow the learner to integrate this information with what they already know. "In this segment, the student engages in activities where there are opportunities for discussion, for clarification, and for making comparisons." (4)

- providing opportunities for learners to practice the skills of decision making as they participate in activities where they can draw conclusions.
- including annual staff inservice as part of the educational plan, so they, too, may be updated and identify resources that are then available.

Pro active

"In districts where controversy erupted, lack of communication among public officials and between public officials and the public contributed to public anxiety." (5) In Iowa, we have the advantage of using the expertise of those from other areas who have experienced AIDS/HIV in the school setting with greater numbers identified than we know. The Pennsylvania Department of Education and the U.S. Department of Justice have suggested a checklist which has been revised and follows in the appendix. Schools and communities can become Proactive versus reactive by:

- educating board members, administrators and parent groups about AIDS/HIV.
- implementing a legally sound policy consistent with the recommendations issued by the Centers for Disease Control and the Iowa Administrative Code.
- developing an action plan by which schools and communities can work together to become enabled to successfully manage controversy.
- planning ahead for procedures for working with the press.

Pro moter

In Iowa, the new standards require local boards to adopt policies for implementation of a school health services program. Included in that standard is a plan for communicable disease prevention and control. Therefore, in our state, AIDS/HIV prevention fits into the comprehensive plan for health education, so it seems fitting to Promote:

- basic good health habits and body ownership.
- the use of an advisory committee with a broad-based community, school, and health professional membership.
- education which speaks to the reduction of high risk behavior. "The heaviest burden of illness in the technically advanced countries today is related to individual behavior, especially the long-term patterns of behavior often referred as life style'." (6)

Pro fessional

"The news media, through public education, can play an important role in the effort to curtail the spread of AIDS/HIV panic." (7) Schools and communities which are Professional will:

- encourage the media to catch the positive attitude by supplying them with information about policy, committee work, and educational efforts in a professional manner.
- have a plan for press releases and/or interviews which stress professional responses that protect confidentiality and offer respect if and when a person with AIDS/HIV is identified in a school district.

Pro ductive

AIDS/HIV preventative education will only be successful if behavior changes. Schools and communities will be Productive in changing behavior if they:

- network with agencies providing AIDS/HIV education and guidance.
- cooperate when asked to participate in surveying, training, and teaching experiences.
- recognize that behavior change is the ultimate goal. "More boys (18 percent) than girls (14 percent) believe it is acceptable for people their age to have sex with several people." (8) However, "One in six sexually active high school girls has had at least four different sexual partners." (9)

Statewide cooperative effort is necessary if Iowa is to remain near the bottom of the list of states ranking incidence of AIDS/HIV. A positive attitude toward education is necessary and possible if that is to be accomplished.

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APPENDIX

SUPERINTENDENT'S CHECKLIST FOR THE ADMISSION OF STUDENTS/EMPLOYEES WITH AIDS OR HIV INFECTION

I. ESTABLISH A TASK FORCE TO HELP YOU MANAGE COMMUNITY REACTION. (SF2094)

II. DEVELOP AN ACTION PLAN READY FOR IMPLEMENTATION IF THERE IS PUBLIC DISCLOSURE AND POTENTIALLY ADVERSE COMMUNITY REACTION

An action plan should be readied in advance to guide appropriate decision-making and planning. Its implementation, if required, should include the following activities;

—Establish a task force to help you manage community reaction.

—Preserve Maximum conficentiality of the student's identity and location

—Provide all school staff with information about AIDS/HIV, the district's AIDS/HIV policy, and instructions on hygenic precautions.

—Disseminate information and schedule public meetings as necessary and appropriate to convey accurate medical information and to explain the district's AIDS policies and hygienic precautions taken.

—Provide AIDS/HIV information appropriate to each student age group, as well as to district employees.

—Establish and convey necessary media groundrules.

III. WHEN ADVISED THAT A STUDENT/EMPLOYEE HAS AIDS OR AN HIV INFECTION

—Review district AIDS/HIV policy or communicable disease policy.

—Consult the State Department of Education and the State Department of Health and the Centers for Disease Control regarding advice.

—Consult promptly with AIDS/HIV experienced medical authorities.

—Confer with experienced superintendents of schools.

—Contact the district's attorney for legal advice.

—Maintain close communication with the parents or guardians if the identified is a child with AIDS.

IV. AFTER YOU HAVE HANDLED AN AIDS SITUATION

—Review your decisions, procedures, policies, and plans thoroughly to improve future decision-making and planning processes.

Chace, Jonathan. (1988) Advice to school superintendent: planning for the admission of students with AIDS and managing potentially adverse community reaction. U.S. Department of Justice, Philadelphia, Pennslvania

AIDS/HIV Education

Bureau of Instruction and Curriculum
Iowa Department of Education

ASC Quarterly Newsletters

Iowa, a place to grow

AIDS/HIV Education

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AIDS/HIV Portion of the Human Growth and Development Curriculum

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AIDS/HIV
PREVENTATIVE EDUCATION

The AIDS/HIV Portion of the Human Growth and Development Curriculum Guide

Bureau of Instruction and Curriculum
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AIDS PREVENTATIVE EDUCATION

"I think one good thing to come out of this terrible predicament we have with AIDS is that we are able to teach children about their own sexuality in a non-mystifying way." (Surgeon General Koop)

THE CHALLANGE

The Surgeon General's statement summarizes what many concerned educators are feeling. However, the challenge is to present AIDS education in a way that is free of panic and fear to protect those who are already infected. At the same time, we must teach in a way so our students internalize the seriousness of the epidemic, so that they realize THEY are AT RISK if they enter into certain behaviors. This necessitates teaching not only factual information, but also decision making skills and the ability to communicate effectively.

A CURRICULUM WITHIN A CURRICULUM

In an effort to accomplish those tasks, the Iowa Department of Education has chosen to incorporate AIDS education into this comprehensive Human Growth and Development Curriculum, which in turn will become a part of our Health Education program. Health Education is specifically addressed by the new standards which school districts must meet by July 1, 1989. With this format, we are hopeful we can accept the above challenge and offer AIDS education in ways that will eventually HALT the spread of the deadly disease in our state. Much of the portion of this curriculum which deals with AIDS is found in the Sexuality Strand, however,, some of the education within the Prevention and Intervention Strand is also applicable. The objectives, Learner outcomes, and activities which speak to AIDS preventative education have been separated into this portion of our AIDS educational manual, so that it will be more readily available to schools who want to focus specifically on AIDS education. Other portions of the Human Growth and Development Curriculum guide, such as those concerned with self esteem, are also related AIDS preventative education. These have not been separated into this document.

It is intended that the learner outcomes will in time become cummulative, building one upon the other. Therefore, what is learned in grades 7-9 serves as a foundation for what is learned and absorbed in grade 10, etc. Since AIDS education may not have been a part of the school curriculum previously, it may be realistic for some districts to use sections at a lower grade level and work up to avoid gaps in factual materials, and the readiness to integrate them into personal student life styles.

BIBLIOGRAPHY

A separate bibliography which lists AIDS resource materials, designating which are available locally, is included in the section of the manual which is reserved for bibliographical purposes.

AIDS RESOURCE MANUAL

Pertinent information about AIDS has been published in the AIDS Resource Manual for Education (Department of Health and Department fo Education, 1987). It is recommended teachers refer to that for factual information. An updated manual will be published in 1989. The revised document will become available to local districts as it becomes available, it is recommended that the revised document replace the present resource manual.

GROWTH OF THE CURRICULUM GUIDE

To fit with the expanding format of the AIDS Education Manual, teachers are encouraged to share additional activities that have worked well to produce learner outcomes identified in this portion of the manual. Those activities will periodically be printed and mailed to other districts, so that our AIDS preventative education can become more effective.

AIDS Education

Grade Level K-3

Objective: To identify AIDS/HIV a disease which makes some people very sick, but is not casually transmitted.

Biological Focus	Psycho-Social Focus	Vocabulary
Students will . . .	Students will . . .	
discriminate between communicable and noncommunicable disease including Acquired Immunodeficiency Syndrome (AIDS).	develop a feeling of comfort while talking about serious diseases including AIDS/HIV.	germs disease chicken pox flu immunization colds
identify germs as the cause of communicable disease.	identify ways to keep free of germs as much as possible.	communicable non-communicable vaccination immunization community

Infusion	Integration	Activities	Resources
Thinking skills, multicultural education, communication skills	Social Studies Health Science Math Language Arts	Illustrate the exchange of some germs by putting a dot of lipstick on the palm of a hand, transferring it from teacher to student - to another student, etc. Explain some diseases are spread by germs that live outside the body - then enter and live in the body. Give examples (chicken pox, impetigo). Illustrate the spread of some germs that travel through the air by putting colored water in a spray bottle and spraying. Give examples of illnesses caught by germs in the air, (colds, flu, etc.) Brainstorm and list ways people keep from getting sick.	
		Demonstrate and allow children to practice proper handwashing techniques-as well as proper ways to use a handkerchief.	Proctor and Gamble Handwashing Kit, 2150 Sunnybrook Dr., Cincinnati, Ohio, 45237.

AIDS Education

Grade Level K-3

Objective: To demonstrate a caring attitude toward people with AIDS/HIV.

Objective: To employ decision making skills to make responsible choices relative to alcohol and drug use, as well as non-use.

Biological Focus	Psycho-Social Focus	Vocabulary
Students will . . .	Students will . . .	
	label diseases as communicable or non-communicable.	
describe AIDS/HIV as a disease that causes some people to become very sick, but is very hard to get.	ask questions about AIDS/HIV freely without fear.	disease host virus, HIV.

Infusion	Integration	Activities	Resources
	Language Arts	Chart "Ways to keep from catching disease in my community" - (children should understand community as people around them) as a prerequist to understanding communicable and non-communicable.	
thinking skills special education		Make a chart diseases that are "caught" - "not caught" by being near people - illustrate with magazine pictures where possible. Introduce person with AIDS/HIV on the "not caught" side.	Surgeon General's Report On AIDS.
		Illustrate the HIV virus by explaining it needs to enter the blood stream - like an uninvited guest into the body's "house" - the blood and some other fluid becomes the host.	Know About AIDS.

AIDS Education

Grade Level K-3

Objective:(continued)

Biological Focus	Psycho-Social Focus	Vocabulary
will identify safe behaviors in situations which involve medicine and poisons.		medicine, safe poison, unsafe.
recognize scientists all over the world are working to keep people from getting AIDS/HIV and cure those who have it.	identify health care workers as friends who want to keep children healthy.	scientists laboratories
	will label activities in life as healthy versus non healthy.	

Infusion	Integration	Activities	Resources
non-sexist, thinking skills, decision making, communication skills	Health Science Social Studies	Have a nurse or doctor visit class to discuss why people take medication, the importance of a doctor's advice when taking medicine, the difference between medicine and poison, how drugs can help or hurt the body, and how immunization keeps people from getting sick. A syringe used for immunization could be demonstrated, as it is emphasized that each needle is used only once with reasons given for that. Display collage of scientists working in laboratories, labeled "People are working hard to find a cure for AIDS/HIV." Use various activities from the early elementary curriculum "Terry and the Dragon." Use poster kit "When Somebody Has AIDS," following with several of the activities.	<u>Terry and the Dragon,</u> 1988, Creative Graphics. <u>Meet the Somebodies,</u> 1989, Iowa Dept. of Education.

AIDS Education

Grade Level 4-6

Objective: To become aware that AIDS/HIV is a disease that can be avoided by making choices about our behavior.

Biological Focus	Psycho-Social Focus	Vocabulary
Students will . . .	Students will . . .	
identify causes of communicable dieases as virus or bacteria being able to distinguish the HIV as the causative agent for AIDS.		bacteria virus communicable causative
identify sexual intercourse with an infected person as a behavior placing that person at high risk for contracting AIDS/HIV.	recognize that casual daily encounters with an infected person does not put one at risk for contracting AIDS/HIV.	infected intercourse risk encounter
contrast knowledge with commonly held myths	give examples of how the use of drugs and early sexual intercourse is related to lack of self-esteem.	self-esteem peer pressure myths accurate information contrast

Infusion	Integration	Activities	Resources
global education, thinking skills, communication skills, decision making, multicultural	Language Arts Science Health Social Studies	Students draw names of diseases from hat and are assigned a research project of 1-2 pages that includes causes, symptoms, how transmitted, prevented and treated, as well as areas of the world where that disease became a problem.	Into Adolescence Learning About AIDS, 1988, Network Publication.
special education		Chart students' findings in grid form as a basis for class discussion.	
	Creative Dramatics	Copy a story about a child with AIDS/HIV on different colored flash cards - assigning one color to a child and have the story read in "script form." Discuss the information about causes which have been built into the story.	Into Adolescence Learning About AIDS, 1988, Network Publication.
guidance, special education multicultural	Language Arts	Create a "myth bank" where pupils deposit myths about AIDS/HIV, which have been gathered from peers, parents, etc. Myth must be brought to class, discussed and factual information to dispel it before it is placed in the myth bank.	

AIDS Education

Grade Level 4-6

Objective: (continued)

Biological Focus	Psycho-Social Focus	Vocabulary
identify the AIDS/HIV risk related to sharing IV drug needles.		
identify the temporary effects of gateway drugs (marijuana and alcohol) have on the immune system.	identify the effect of gateway drugs on responsible decision making.	gateway drugs marijuana alcohol

Infusion	Integration	Activities	Resources
		Compose several "what if" situations where students will need to brainstorm possible behaviors, consequences, etc., examples: friend tries to convince child to smoke pot - or to kiss girls at a party - or to have sex after a movie - making the situation age appropriate. Stress which situations need adult guidance.	
guidance, nonsexist education, decision-making skills, communication, special education	Social Studies Language Arts Drama	Show VCR tape such as Ryan White's Story, "I Have AIDS" as he candidly discusses his situation with early adolescents.	"I Have AIDS", a teenager's story, The Children's Televison Workshop.
		As a class project, have students create a highly enlarged "picture" of blood - using a blue tag board covered with red gummed dots - and a few white dots - explain the ratio and duties of the red and white blood cells, introduce the HIV virus, illustrating how it attacks the white T cells and duplicates - antibodies appearing later.	AIDS Resource Manual for Educators, 1987, Iowa Dept. of Education and Iowa Dept. of Health. "What is AIDS?", MTI Film and Video, (Simon and Schuster).

AIDS Education

Grade Level 4-6

Objective: (continued)

Biological Focus	Psycho-Social Focus	Vocabulary
		exposed immune contract defense

Infusion	Integration	Activities	Resources
		Draw silhouettes of young people. Identify ways the HIV can enter the body (any wet portal) with arrows - explaining that not all exposed contract the disease; those with intact immune (defense) systems are at less risk.	

AIDS Education

Grade Level 4-6

Objective: To acknowledge the difference between HIV positive and AIDS, clarifying that carrier of both can transfer the disease to others.

Biological Focus	Psycho-Social Focus	Vocabulary
Students will . . .	Students will . . .	
match acronyms HIV, ARC, AIDS, PWA with correct terms.		acronym symptomatic non-symptomatic acquired immunodeficiency syndrome
compare and contrast the concept of HIV positive and symptomatic AIDS.	recognize family and friends as important support systems during times of crisis, including when AIDS/HIV has been diagnosed in self or family member.	infectious

Infusion	Integration	Activities	Resources
nonsexist education, thinking skills, communication skills, special education	Language Arts Health Science	Begin a study of acronyms by brainstorming the most commonly known ones to student, such as TV, VCR, MASH, etc. Explain why & how acronyms are used-lead discussion to AIDS, HIV positive, PWA, ARC, VD, STD, SSI,etc. - giving explanation of each term.	Surgeon General's Report on AIDS.
		Activities from Channing L. Bete, "Let's Talk About AIDS" book.	Let's Talk About AIDS, information and activity book - 1988, Channing L. Bete.
	Reading	Read aloud a story about a person with AIDS and the emotional dynamics that take place - Ex. Friend for Life - Use as springboard for discussion.	Friends For Life, 1988, Kid on the Block Series, Twenty-First Century Books.
guidance, multicultural	Social Studies	Invite a person with AIDS/HIV to class as a resource speaker to discuss the need for support of family and friends. Explain that a person who tests HIV positive can feel healthy for a long time but still be infectious.	Does AIDS Hurt? Educating Young Children About AIDS, Network Publishers.

AIDS Education

Grade Level 4-6

Objective: (continued)

Biological Focus	Psycho-Social Focus	Vocabulary
	identify feelings which would become part of a person's psychological being upon being identified as HIV positive.	emotions psychological identified
	identify current social reactions to an HIV infected person.	reactions

Infusion	Integration	Activities	Resources
guidance, multi- cultural, special education	Language Arts Health Science Social Studies	Scramble words that depict feelings of people who find out they are HIV positive. Have students unscramble sheet which is titled "Mixed Up Feelings About Getting AIDS", ex. fodscne = confused.	

AIDS Education

Grade Level 7-9

Objective: To identify routes of HIV transmission.

Biological Focus	Psycho-Social Focus	Vocabulary
Students will . . .	Students will . . .	
match scientific terminology of AIDS/HIV with proper definition or acronyms.	identify individuals who are HIV positive as infections and carriers of HIV.	immune immunodeficiency acquired syndrome virus antibody carrier sexual intercourse anal intercourse vaginal intercourse oral intercourse

Infusion	Integration	Activities	Resources
nonsexist, talented and gifted, thinking skills, decision making, self-esteem	Language Arts Science Health Physical Education Math	Assign small groups of students the task of designing "football plays" that illustrate the Human Immunodeficiency Virus as an attacking team - contrasting opposing teams with weak defenses (immune systems) with those who are well armed with strong defenses of (a) not coming in contact with bodily fluids, (b) not shooting up drugs, (c) not using marijuana or other gateway drugs, etc.	And The Band Played On, St. Martins, Press, New York. "What is AIDS?", MTI Film and Video Co., (Simon and Schuster) Into Adolescence Learning About AIDS, Network Publishers.
		Use illustrations with lecture as shown in Into Adolescence to promote understanding of how the virus infects the immune system.	
		Make concentration game from index cards with terms or abbreviations on one card and definition on matching card. Have students play game in small groups.	Know About AIDS, Network Publishers.

AIDS Education

Grade Level 7-9

Objective: (continued)

Biological Focus	Psycho-Social Focus	Vocabulary
	separate myths from factual information about the transmission of AIDS/HIV.	
	ask questions about AIDS/ HIV with ease and comfort.	

Infusion	Integration	Activities	Resources
		Have students work in dyads, designing true and false tests for another group of two. Answer sheets with factual information could be part of the assignment. Pass out individual pieces of candy to students from basket or dish - have only one of a specified kind (ex. Bit of Honey). Instruct students to shake hands with four or five other students. Then ask person with Bit of Honey to stand - then everyone who shook hands with him or her - then everyone who shook with those people - use to illustrate the probability of HIV being transmitted from someone who is still well, but infected - emphasizing IF they had engaged in intercourse or IV drug usage instead of shaking hands.	
communication skills	Family Living Guidance	Invite a panel of people, (medical person, funeral directors, AIDS coalition, Red Cross, person with AIDS/HIV, etc. to answer questions students have written anonymously on cards before and/or during the panel.	Central Iowa AIDS, Project, 515-243-7681. Rapids AIDS Project 319-393-3500. Quad Cities AIDS Coalition, 319-326-8618. AIDS Coalition of N.E. Iowa, 319-234-6831. AIDS Coalition of Story County, 515-232-6590. Siouxland AIDS Coalition, 712-252-4081.

AIDS Education

Grade Level 7-9

Objective: To identify names, symptoms, prevention and transmission of the most common STDS including HIV.

Biological Focus	Psycho-Social Focus	Vocabulary
Students will . . .	Students will . . .	
compare the symptoms of sexually transmitted, shared infections.	recognize how sexually transmitted/shared infections are spread from geographical area to area.	epidemic global symptoms asymptomatic incubation period
	acknowledge the effects of an epidemic on communities and cultures.	culture

Infusion	Integration	Activities	Resources
global education, communication, multi-cultural	Social Studies Science Health Biology	Brainstorm names of all sexually shared infections students have heard of, then make a class chart that illustrates symptoms, populations most infected, incubation period, treatments, etc. Chart information as students bring it in - use as a basis for discussion. Look for common characteristics - Bring into discussion methods of transmission.	Centers for Disease Control, Atlanta, Ga., 404-639-3472. State Health Dept., Division of Disease Prevention, 515-281-4936, V.D. Clinics. AIDS Hotline 1-800-445-AIDS. STD Manual, Iowa Department of Health.
communication skills, global education multi-cultural	Social Studies Language Development Library skills	Compile list of epidemics from which students choose to research by library research, personal interviews, phone calls, etc. to find information as to: 1. Where epidemic took place. 2. Time span of epidemic. 3. How widespread. 4. Effects on population.	Encyclopedias, history books, etc.

AIDS Education

Grade Level 7-9

Objective: To acknowledge the importance of decision making for reducing the risk of becoming infected with the Human Immunodeficiency Virus.

Biological Focus	Psycho-Social Focus	Vocabulary
Students will . . .	Students will . . .	
	recognize the steps of a decision-making process.	decision control peers pressure
	practice refusal skills with regard to sexual or drug behavior.	refusal skills self control values self esteem

Infusion	Integration	Activities	Resources
communication skills, decision making, nonsexist	Drama Social Studies Family Living	Make large flash cards to identify steps of decision making as: Defining the problem, naming and examining the choices, looking at alternatives, acting, assuming the responsibility. Guide class through the steps with simple decisions (age appropriate) such as - Should I go to the dance alone or with a date? Have a set of situations (what if cards) to practice decision-making skills. For example, what if: a girl wants to entertain her boyfriend in the bedroom, someone invites a person to share an IV drug, a person expects sex at the end of a date.	
communication, nonsexist, decision skills	Drama Guidance Family Living	Divide groups into parts. Assign person #1 a talk to try to convince his/her friend to participate in an activity which could be dangerous but fun - ex. skipping school to shop, climbing the pool fence and going for a midnight swim, etc. Person #2 must find ways to say no, then exchange roles. Gather group together to discuss feelings and techniques to say no.	

AIDS Education

Grade Level 7-9

Objective: (continued)

Biological Focus	Psycho-Social Focus	Vocabulary
	compare consequences of choice in reference to behaviors that lead to HIV infection.	responsible irresponsible consequences
identify the risk to infants being born HIV to HIV positive mothers		prenatal

Infusion	Integration	Activities	Resources
		Instruct each student to write on a card three things they can't do (ex.) I can't fly a plane. Shuffle cards and have them read aloud by different students. Then instruct them to cross out the word can't and replace it with won't. Discuss how tone of voice changes, and that won't indicates a decision has been made, and that the person is in control of self and future actions, taking responsibility rather than excusing self with the excuse "I can't."	
		While making a large chart, brainstorm to form lists of behavior under the headings: I Won't Get AIDS If: I Might Get AIDS If: I Most Likely Will Get AIDS If: Then make large red arrow that grows from a thin line to a very thick arrow. With the arrow's help, illustrate how people have the choice which direction to move the arrow - from irresponsible to responsible behavior or vice versa.	AIDS Facts, Classroom Connections, Inc. Presidential Commission on the Human Immunodeficiency Virus Epidemic.
multi-cultural, non-sexist	Language Arts	Assign creative writing project that is entitled "I'm ready to be born - and my mama has AIDS". Ask students to speak to % of risk child will be HIV positive, how mother contracted disease, what will happen when mother is no longer able to care for child, etc.	What Women Should Know About AIDS, Network Publication.

AIDS Education

Grade Level 7-9

Objective:(continued)

Biological Focus	Psycho-Social Focus	Vocabulary
	acknowledge a behavioral choice can be made that will allow them to stay free of AIDS/HIV (abstinence).	

Infusion	Integration	Activities	Resources
	Art	Have an art contest that will result in designing a logo which illustrates "I've decided NOT TO GET AIDS." Use that logo for posters, buttons, etc. - encouraging students to sign a pledge before displaying that decision.	

AIDS Education

Grade Level 7-9

Objective: To recognize resources if the student wants additional information or testing for sexually shared/transmitted diseases, including AIDS/HIV.

Biological Focus	Psycho-Social Focus	Vocabulary
Students will . . .	Students will . . .	
	have access to phone lines where anonymous questions may be answered.	anonymous
	become acquainted with local treatment/testing sites.	

Infusion	Integration	Activities	Resources
communication skills, special education	Language Arts Science Social Studies	Have guest speaker explain the availability of information - students compile lists of phone numbers, etc.	Red Cross, Public Health Nurses, AIDS coalition, Iowa AIDS project, Planned Parenthood, Public Health Clinics.
guidance		Assign student to small groups to call the compiled numbers to ask questions about anonymous testing - costs, etc. and report back to class.	

AIDS Education

Grade Level 10-12

Objective:To identify the biology, mechanisms of transmission, risks, consequences and preventative methods of AIDS/HIV.

Biological Focus	Psycho-Social Focus	Vocabulary
Students will . . .	Students will . . .	
summarize the methods of transmission of the Human Immunodeficiency Virus.	identify AIDS/HIV as a behaviorally caused condition.	immunodeficiency acquired syndrome virus anal intercourse vaginal intercourse oral intercourse infection
diagram a comparison of the Human Immunodeficiency Virus to a virus that the immune system can resist.		

Infusion	Integration	Activities	Resources
communication skills, special education	Health Social Studies Biology	Duplicate a worksheet type handout with questions about the transmission of AIDS/HIV. Then show a videotape which explains the methods of transmission and dispells the myths surrounding transmission. Students fill in the worksheet as they watch the video.	Beyond the Fear of AIDS. Don't Forget Sherrie, Letter from Brian, American Red Cross, Understanding AIDS, What Teens Need to, Know, Sunburst.
		Do a study of immunology using prepared unit from National Maternal and Child Clearinghouse.	Immunology and Human Health, BSCS Teacher Unit, National Material and Child Health Clearinghouse.
		Utilize what is learned as it relates to AIDS/ HIV - instruct students to list implications for persons concerned with halting the spread of AIDS/HIV.	
	Art	Assign small groups of students to reproduce of cycle charts illustrating infection caused by each virus, with original diagrams on ways to break that chain.	Breaking the Chain Infection, American Assoc. of School Administrators.
		Ask a person with a positive diagnosis to speak about his/her behavior that led to the present condition.	HIV/AIDS coalition.

AIDS Education

Grade Level 10-12

Objective:(continued)

Biological Focus	Psycho-Social Focus	Vocabulary
		epidemiology
recognize that biological sexual drive is natural in adolescents.	discuss risk based on decisions vs. risks based on impulse.	impulsive decisive premeditated
identify ways adolescents can practice abstinence and cope with the normal sexual drive in ways that do not put them at risk for contracting AIDS/HIV.		
	become part of a community planning committee to prevent the future spread of AIDS/HIV.	

Infusion	Integration	Activities	Resources
	Biology English Composition	Assign short research projects on epidemiology of various diseases (one to two pages in length). On the following day, arrange chairs in a circle and each share two facts they learned. Record the facts on large newsprint, then compare other diseases with the epidemiology of AIDS/HIV.	Local Library Resources. AIDS and Your World, Scholastic. AIDS and Society, Glencoe Publishers.
thinking & communi-cation skills	Health Science Social Studies Library Skills	Guest lecturer on sexuality, or taped lecture by Dr. Ray Short or Sol Gordon.	Love, Sex or Infatuation, Ray Short, Augsburg Films.
guidance		Brainstorm "101 ways to make love without getting AIDS/HIV, Gonorrhea or pregnant - list on poster-sized paper. Encourage class to vote on a male and a female to represent the senior high school on the community committee to plan AIDS/HIV education. Contact local newspaper and volunteer to supply series of student prepared educational articles about AIDS/HIV. Allow students to choose topics to write with specified guidelines and criteria.	A Test of Love or Sex, A Topic for Conversation, Sol Gordon Mondale Productions.

AIDS Education

Grade Level 10-12

Objective:(continued)

Biological Focus	Psycho-Social Focus	Vocabulary
describe the relationship of drug usage to the dangers of contracting AIDS/HIV.		
	recognize that abstinence from sexual intercourse and drug usage almost completely eradicates the risk of AIDS/ HIV.	eradication
	personalize the psychological trauma connected with the AIDS/ HIV epidemic.	psychological trauma emotion
list the physical diagnosic of HIV infection.		herpes hepititus pneumocystc carinii kaposis sarcoma prognosis asymptomatic dimentia intrauterine

Infusion	Integration	Activities	Resources
	English	Interview people who have been known to take risks - such as those who invest in the stock market, those who live different than "normal life styles," those who ride motorcycles, etc. Stress finding information about if that risk is premeditated or if it is impulsive - contrast those with or without physical dangers and discuss if a relationship is found for decisive - less dangerous, etc. View a VCR tape.	
		Instruct students to list all the emotions observed on index cards. Make crossword puzzles to be worked by other students.	AIDS Prevention Program For You, American Red Cross.
	Writing across the curriculum	Prepare a list of people related characters to a person with AIDS/HIV, ex. sister of a person with AIDS/HIV, best friend, girlfriend, daughter, son, mother of infected infant. Write imaginary diaries for a specified period of time.	The AIDS Challenge Preventative Education for Young People, Network Publishers.
	English Math	Assign the reading of life stories of people with AIDS/HIV - tabulating the length of time they remained asymptomatic the money they spent on AZT, etc. Make oral reports in class.	Current Magazines, local news article, The Screaming Room, Peabody Oaktree Publishers.

AIDS Education

Grade Level 10-12

Objective:(continued)

Biological Focus	Psycho-Social Focus	Vocabulary
	recognize the expense of the drug available for relief of AIDS/HIV symptoms.	
summarize the biological knowledge of AIDS/HIV.		summarize
	become comfortable discussing AIDS/HIV while sharing information with others.	
	make a decision about their future risk of contracting AIDS/HIV.	contract

Infusion	Integration	Activities	Resources
		Assign students tasks of of phoning local pharmacies to price AZT.	
special education, talented & gifted, guidance	Art Drama Language Arts	Brainstorm ways older students could teach AIDS/HIV education to other students. Ask for volunteers (groups of 2-5 could work well) to create a teaching tool for specified lower grade level such as: puppet play for first graders; posters for junior high; booklet for special education, simulated radio talk show for high school students, or make a tape simulating a dating couple discussing why they've chosen to postpone sexual intercourse. Design a contract which encourages students to think seriously about their future plans to avoid AIDS/HIV - asking them to complete it, and share it with a special friend - ex. I believe AIDS/HIV is a serious disease that people can avoid if they choose behaviors which don't endanger them - I promise to: 1. 3. 2. 4.	

AIDS/HIV Education

Bureau of Instruction and Curriculum
Iowa Department of Education

Early Elementary Model Curriculum
"Meet the Somebodies"

Iowa, a place to grow

Early Education Curriculum for HIV/AIDS Education

MEET THE SOMEBODIES

HIV/AIDS Education
Bureau of Instruction and Curriculum
Iowa Department of Education

State of Iowa
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Des Moines, Iowa 50319-0146

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DATE: Spring 1, 1989

TO: Prekindergarten, Kindergarten & First Grade Teachers

RE: AIDS/HIV Curriculum - "Meet the Somebodies"

FROM: Elain Edge

All children deserve to be a "Somebody." Even if that child has AIDS/HIV, or lives in a house where somebody has AIDS/HIV. This sample curriculum is written to respond to the question many school districts are asking, "How do we teach AIDS education to kindergartners?"

Iowa's new standards allow for a prekindergarten program, and require every day kindergarten. This curriculum is designed to reach prekindergarten, kindergarten and first graders about AIDS/HIV using the suggested objectives from the Centers for Disease Control. Part of the Iowa Department of Education's Mission is to provide educational leadership and service so that children in our state (K-12) can build a life of quality. The AIDS/HIV epidemic especially speaks to this challenge.

The five posters accompanying this guide, can serve as individual lessons or units. Learner outcomes, activities and resources are suggested for each poster. Teacher creativity and expansion is encouraged.

A summative evaluation form is included. With teacher help, it is hoped many original ideas may be generated and shared. With your permission, those ideas will be compiled and sent out to schools at the beginning of the 1989-90 school year.

Poster One: **(Learner Outcomes)**

Young students will:

1. identify ways in which their body is unique.
2. list benefits of being one of a kind.

(Activities)

1. Draw around children on butcher paper. Display to illustrate differences in size, etc.
2. Make collage of magazine pictures of children of different color, size, etc.
3. Take photos of children and display under heading "I am one of a kind."
4. Brainstorm ways people are alike and/or different.
5. Make picture stories about what is special about each child.
6. Teach song, "Just Me" (included).

(Formative Evaluation)

Teacher keeps log on activity participation: attitudes, knowledge and behavior of students - refers if necessary to counselors, etc.

Poster Two: **(Learner Outcomes)**

The young students will:

1. label four basis feelings as mad, glad, sad or scared.
2. name situations that make children sad, mad, glad or scared.
3. identify feelings as normal for all somebodies.
4. describe acceptable ways of dealing with feelings.

(Activities)

1. Make paper plate faces illustrating the four basis feelings as expressions. List times when children feel each of the four.
2. Make individual charts for each child that can identify child's feeling daily - (use circle face with expression named above.) ex. Today, Adam feels _____ because.
3. Read story about children expressing feelings appropriately.
4. Brainstorm with children ways to express each of the feelings in which other people are respected.
5. Invent and tell a story about a child who learns his/her sibling has AIDS/HIV, and help the children identify the feelings of each character.

(Formative Evaluation)

See above suggestion.

Poster Three **(Learner Outcomes)**

Young students will:

1. choose good health habits from a variety of activities.
2. list adults who are involved in keeping children healthy.
3. name ways adults help children stay clean and healthy.
4. identify times when children need adult's help in staying healthy.

(Activities)

1. Ask children to bring magazine pictures of children who are busy. Post them, and brainstorm activities that are contributive to good health, and those which do not.

2. Have children prepare a simple meal from four basic food groups, explaining why those foods make one feel good. Stress hygenic ways to handle food - ex. washing hands, wearing gloves.
3. Begin an exercise ritual after nap time, emphasizing increasing bodily strengths, such as stretching, etc.
4. Visit a local hospital or clinic and ask a doctor or nurse to speak about health habits.
5. Invite the custodian to class and ask him/her to explain why they clean bodily spills with special cleaner - why they wear gloves to clean blood and times when children need to ask the adults to help (with bloody spills, etc.).

(Formative Evaluation)

See above.

Poster Four: **(Learner Outcomes)**

Young students will:

1. sort illnesses and disabilities that are contagious from those which are not.
2. list safe ways to interact with a person with AIDS.
3. identify health workers who are attempting to make the world a better place.

(Activities)

1. Illustrate children who have colds, flu, etc. - contrast those illustrations with those who have broken legs, arms, or asthma or AIDS/HIV - (ideas for illustration: puppets, pictures, role playing - help from H.S. drama or art clubs).

2. Read stories such as AIDS, A Primer for Children by Janice Koch, (Berrent Publications, Inc. 1025 Northern Blvd., Roslyn, N.Y. 11576) and discuss.
3. Make a list of safe behaviors while interacting with a person with AIDS/HIV.
4. Visit a lab at a hospital and ask technician to explain blood tests and what is being done to help discover things about disease.

(Formative Evaluation)

See above.

Poster Five: **(Learner Outcomes)**

Young students will:

1. choose ways children can control their bodily actions.
2. explain times when children must accept rather than change a situation.
3. identify special friends who are trustworthy and available for help.
4. label death as a normal part of the life cycle.

(Activities)

1. Read books such as It's My Body, by Lori Freeman, Parenting Press, Inc. (available from Network Publication, ETR Associate, P.O. Box 1830, Santa Cruz, CA 95061-1830) and discuss.
2. Invite a guest who has a disability to explain acceptance and how he/she is unique, emphasizing the positive. Include others acceptance as a necessary ingredient for feeling good. Ask them to explain who is helpful to them.

3. Read or tell a story about death, after studying a simplified life cycle process. Emphasize how others can help when someone feels sad about something they cannot control.
4. Make a chart listing those who are helpful adults in each child's life and ways the child knows they can depend on that person.

BACKGROUND FOR TEACHERS: Teachers of young children do not need extensive medical knowledge to teach effectively about AIDS/HIV. This simple fact sheet may be sufficient, however, further study by teachers is encouraged, and questions are readily answered by the AIDS hotline 1-800-445-AIDS.

AIDS is caused by a virus called HIV (Human Immunodeficiency Virus). The HIV virus damages the immune system so it can't fight off certain infections.

To this date, there is no cure for AIDS. In most cases, the people who are infected become ill and die.

People often have the HIV virus in their body for long periods of time before becoming ill or even aware that they are infected.

People who are infected with the HIV virus can pass it on to another person through blood, semen or vaginal fluid even though they may appear perfectly healthy.

The most common way people get AIDS/HIV is through sexual intercourse with someone who is infected.

People who use intravenous drugs and share needles are at high risk for AIDS/HIV transmission. Many children who are born with AIDS /HIV were infected by a mother who is an intravenous drug user or a sexual partner of a person who is.

The virus has been found in small quantities in tears and saliva, however, all documented cases have been traced to blood, semen or vaginal fluid transmission.

In Iowa, a very small number of persons with AIDS/HIV are under the age of 19. (4 of 132 - 1/1/89).

The two most common ways AIDS/HIV is transmitted to children is through blood transfusions (before routine testing began in 1985) and transmission from an infected mother to her baby.

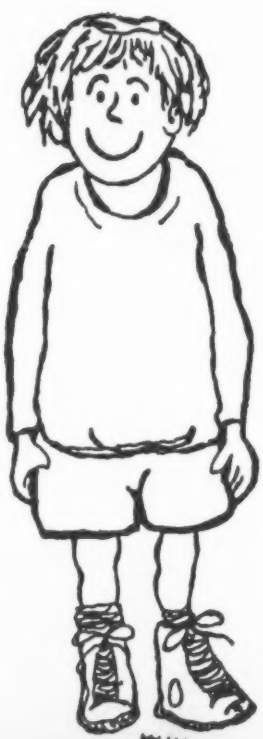
Good health habits are an important part of AIDS/HIV preventative education, because not everyone who is exposed contracts the virus. Those with healthy bodies and immune systems are expected to be at less risk.

Simple bleach and other cleaning solutions will kill the AIDS virus present in body spills. Children need to be taught that adults who are trained should be asked to clean body spills. They can help each other by reporting a friend needs that help, but it is a good health habit to not touch someone else's body spills.

JUST ME

WORDS: ELAIN EDGE

Music: Nadine CHelesvig



Evaluation for Poster #_____

(circle correct answer)
I used this poster for a: single lesson or unit.

I chose to use learner outcomes #_____.

Those learner outcomes were: realistic.
reachable for my group.
did not meet the needs of my group.
uncomfortable for me to use.

I chose to use activities #_____.

Those activities: helped reach the objectives.
were successful in my group.
were too much work.
bombed.

Please list creative ways you used this poster.

At the end of the entire unit, please mail to Elain Edge - AIDS Consultant, Department of Education, Grimes State Office Building, Des Moines, Iowa 50319-0146.

AIDS/HIV Education

Bureau of Instruction and Curriculum
Iowa Department of Education

Bibliography

Iowa, a place to grow

Bibliography

This is a list of AIDS/HIV Education Advisory Committee reviewed, approved materials to be used in AIDS/HIV education. This group of materials is being distributed to participating Area Education Agencies for use by area teachers and interested staff.

There will be an ongoing periodic update to this bibliography as the program evolves.

Title : A Letter From Brian
Author :
Publisher : Amer Red Cross Video Network
Date :
Audience : Students
Grade Level: 9-14
Language : English

Media : vcr tape
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Speaks to feelings as well as facts
Comment 2 : Realistic situations
Comment 3 : Answers questions well
Comment 4 :

Title : AIDS and Society
Author :
Publisher : Glencoe Publishing Co.
Date : 1989
Audience : student
Grade Level: 7-12
Language : English
Media : print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received : yes
Distributed:
Comment 1 : Attractive Format
Comment 2 : Reasonable Cost
Comment 3 : Factual information
Comment 4 :

Title : AIDS and Society
Author :
Publisher : Glencoe Publishing Co.
Date : 1989
Audience : teacher
Grade Level: 7-12
Language : English
Media : print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received : yes
Distributed:
Comment 1 : Attractive format
Comment 2 : Reasonable cost
Comment 3 : Factual information
Comment 4 :

Title : AIDS and Your World
Author : Oatman
Publisher : Scholastic- Inc.
Date : 1988
Audience : Teachers and Students
Grade Level: 8-12
Language : English
Media : Print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Both teacher manual and student paperback teComment xt
Comment 2 : Speaks to global concerns
Comment 3 : Attractive format
Comment 4 : Reasonable cost

Title : AIDS Challeng--Prevention Education for Young People
Author : Quackenbusch- Nelson- Clark
Publisher : Network Pub/ETR Assoc
Date : 1988
Audience : Adults and students
Grade Level: 9-Professional
Language : English
Media : print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received : yes
Distributed:
Comment 1 : Short articles by distinguished authors
Comment 2 : Reasearch for student projects
Comment 3 : Guidelines for creating programs
Comment 4 : Easy to use comprehensive reference

Title : AIDS FACTS- Fall 88
Author : magazine
Publisher : Classroom Connections
Date : 1988
Audience : Students and teachers
Grade Level: 7-Adult
Language : English
Media : print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Attractive format
Comment 2 : Reasonable cost
Comment 3 : Comprehensive information
Comment 4 : Medically accurate

Title : AIDS Let's Talk
Author :
Publisher : New Dimension Media
Date : 1988
Audience : Students
Grade Level: 3-6
Language : English
Media : vcr tape 15 min
Reviewed : yes
Approved : yes
Rejected :
Purchased : 3-1-89
Received :
Distributed:
Comment 1 : Uses young narrators and puppets with humor
Comment 2 : Does not talk about seComment xual intercourse
Comment 3 : Follows CDC recommended concepts
Comment 4 : EComment xpensive

Title : AIDS Taking Action
Author :
Publisher : New Dimension Media
Date : 1987
Audience : Students
Grade Level: 6-9
Language : English
Media : vcr tape 22 min
Reviewed : yes
Approved : yes
Rejected :
Purchased : 3-1-89
Received :
Distributed:
Comment 1 : Suggestions for action activities
Comment 2 : Gold Apple award winner
Comment 3 : Student narrated
Comment 4 : EComment xpensive

Title : AIDS What We Need to Know Level I
Author : Bartel- Orland- Bartel
Publisher : Pro-ED Publishing
Date : 1988
Audience : Students- teachers & parents
Grade Level: 7-9
Language : English
Media : print (manual- workbook- booklet)
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Teaching plans- resource material & activities
Comment 2 : EComment xtensive glossary included
Comment 3 : Consumable workbook
Comment 4 : Recommended for resource rather than complete program

Title : AIDS What We Need to Know Level II
Author : Bartel- Orland- Bartel
Publisher : Pro-ED Publishing
Date : 1988
Audience : Students- teachers & parents
Grade Level: 10-12
Language : English
Media : print (manual- workbook- booklet)
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Teaching plans- resource material & activities
Comment 2 : EComment xtensive glossary included
Comment 3 : Consumable workbook
Comment 4 : Recommended for resource rather than complete program

Title : AIDS- A Primer for Children
Author : Koch
Publisher : Berrent Publications- Inc.
Date : 1988
Audience : Student
Grade Level: 3-6
Language : English
Media : Print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Short format
Comment 2 : Factual information
Comment 3 : Easy to read
Comment 4 : May have too many concepts for small children

Title : And the Band Played On
Author : Shilts
Publisher : Network Publications/ETR Asso
Date : 1988
Audience : Teachers and Community
Grade Level: Professional
Language : English
Media : Print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received : yes
Distributed:
Comment 1 : Political and medical history of HIV/AIDS
Comment 2 : EComment xplicit language and situations
Comment 3 : Best seller list
Comment 4 : Preview before using with students

Title : Does AIDS Hurt?
Author : Quackenbush and Villarreal
Publisher : Network Publications/ETR Asso
Date : 1988
Audience : Teachers/parents-k-4
Grade Level: Adult
Language : English
Media : Print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received : yes
Distributed:
Comment 1 : Answers questions asked by children
Comment 2 : Hints for speaking honestly and simply
Comment 3 : Complete background information on AIDS/HIV
Comment 4 : Focuses on prevention of illnesses

Title : Don't Forget Sherrie
Author :
Publisher : Amer Red Cross Video Network
Date :
Audience : Students & out of school youth
Grade Level: 6-14
Language : English
Media : vcr tape
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Speaks to high risk behaviours/drug use
Comment 2 : Urban setting
Comment 3 : Multicultural/hispanic/black
Comment 4 :

Title : Friends for Life
Author : Wilson and Gregg
Publisher : Twenty-first Century Books
Date : 1988
Audience : Students
Grade Level: 3-7
Language : English
Media : Print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : EComment xcellent resource for elementary library
Comment 2 : Written in narrative style
Comment 3 : Deals with feelings as well as facts
Comment 4 :

Title : I Have AIDS- A Teenager's Story
Author :
Publisher : Children's Television Wkshp
Date : 1988
Audience : Students- teachers & community
Grade Level: 4-Adult
Language : English
Media : vcr tape 22 min 52 sec
Reviewed :
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Inclusive- respectful- clear & precise
Comment 2 : Very well received in training
Comment 3 : Speaks to feelings as well as facts
Comment 4 : Presents challenge to communities

Title : Into Adolescense- Learning about AIDS
Author : Post and McPherson
Publisher : Network Publications/ETR Asso
Date : 1988
Audience : Students and Teachers
Grade Level: 4-8
Language : English
Media : Print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received : yes
Distributed:
Comment 1 : Fourteen lesson module
Comment 2 : Activities stress critical thinking
Comment 3 : Inventory of student knowledge
Comment 4 : Deals with feeling and facts

Title : Know About AIDS
Author : Hyde- Forsyth
Publisher : Network Publications/ETR Asso
Date : 1987
Audience : Student
Grade Level: 3-6
Language : English
Media : Print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Stories of different eComment xamples people with AIDS
Comment 2 : Resource for libraries
Comment 3 : Attractive format with illustrations
Comment 4 :

Title : Lynda Madaras Talks to Teens About AIDS
Author : Madaras
Publisher : Network Publications/ETR Asso
Date : 1988
Audience : Students
Grade Level: 7/8-12
Language : English
Media : Print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Comprehensive information
Comment 2 : Preface for parents and teachers
Comment 3 : Includes abstinence and safer seComment x
Comment 4 : Well known author on puberty issues

Title : Parent-Teen AIDS Education Project Talking with Teens
Author : Peyton
Publisher : San Francisco AIDS Foundation
Date : 1988
Audience : parents and students
Grade Level: 9-Adult
Language : English also available in Spanish
Media : print and vcr tape 27 min 20 sec
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received : yes
Distributed:
Comment 1 : Most useful in PTA format
Comment 2 : Complete program- vcr and print
Comment 3 : Has plans for parent teen forum
Comment 4 :

Title : Teens and AIDS-Playing it Safe
Author :
Publisher : Amer Council of Life Insurance
Date : 1987
Audience : students
Grade Level: 9-12
Language : English
Media : print/phamplet
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Attractive format
Comment 2 : Low cost- possible to provide individual copies
Comment 3 : Condensed information
Comment 4 :

Title : Terry and Friends Present AIDS Education
Author :
Publisher : Creative Graphics
Date : 1988
Audience : Students and teacher
Grade Level: K-3
Language : English
Media : Print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received : yes
Distributed:
Comment 1 : Teacher's guide with student activity
Comment 2 : Appealing activities for young children
Comment 3 : Agreement allows activity (local district) duplication
Comment 4 : EComment xpensive without duplication rights

Title : Terry and Friends Present AIDS Education
Author :
Publisher : Creative Graphics
Date : 1988
Audience : Students and teacher
Grade Level: 4-6
Language : English
Media : Print
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received : yes
Distributed:
Comment 1 : Teacher's guide with student activity
Comment 2 : Appealing activities for young children
Comment 3 : Agreement allows activity \local district\ duplication
Comment 4 : EComment xpensive without duplication rights

Title : Understanding AIDS- What Teens Need to Know
Author : Kuhns- Editor
Publisher : Sunburst Communications- Inc
Date : 1988
Audience : Students
Grade Level: 7-12
Language : English
Media : vcr tape 19 min
Reviewed : yes
Approved : yes
Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : EComment xcellent teaching aid
Comment 2 : Realistic
Comment 3 : Good scientific information
Comment 4 : Includes teachers guide

Title : What is AIDS?
Author : MT I Film and Video
Publisher : 1988
Date : Students
Audience : 4-7
Grade Level: English
Language : vcr tape
Media : yes
Reviewed : yes
Approved :

Rejected :
Purchased : 1-9-89
Received :
Distributed:
Comment 1 : Factual information
Comment 2 : Uses analogy of ballteam and immune system
Comment 3 : Shows parent/child communications
Comment 4 :

AIDS/HIV Education

Bureau of Instruction and Curriculum
Iowa Department of Education

Appendix

Iowa, a place to grow

HOUSE FILE 2294

AN ACT

RELATING TO TESTING FOR AND CONFIDENTIALITY OF HUMAN IMMUNODEFICIENCY VIRUS-RELATED MATTERS AND PROVIDING PENALTIES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. NEW SECTION. 135I.1 DEFINITIONS.

As used in this chapter, unless the context otherwise requires:

1. "AIDS" means acquired immune deficiency syndrome as defined by the centers for disease control of the United States department of health and human services.

2. "ARC" means an AIDS-related complex as defined by the centers for disease control of the United States department of health and human services.

3. "Department" means the Iowa department of public health.

4. "Health care provider" means a person providing health care services of any kind.

5. "Health facility" means a hospital, health care facility, clinic, blood bank, blood center, sperm bank, laboratory organ transplant centers and procurement agencies, or other health care institution.

6. "HIV" means the human immunodeficiency virus identified as the causative agent of AIDS.

7. "HIV-related test" means a test for the antibody or antigen to HIV.

8. "Legal guardian" means a person appointed by a court pursuant to chapter 633. In the case of a minor, "legal guardian" also means a parent or other person responsible for the care of the minor.

9. "Release of test results" means a written authorization for disclosure of HIV-related test results which is signed and

dated, and which specifies to whom disclosure is authorized and the time period during which the release is to be effective.

Sec. 2. NEW SECTION. 135I.2 TESTING.

1. Prior to withdrawing blood for the purpose of performing an HIV-related test, the subject of the test or the subject's legal guardian, except when the provisions of section 135I.2, subsection 6, apply, shall be provided with preliminary counseling which shall include but is not limited to the following:

a. An explanation of the test, including the test's purposes, potential uses, limitations, and the meaning of both positive and negative results.

b. An explanation of the nature of AIDS and ARC, including the relationship between the test results and the diseases.

c. An explanation of the procedures to be followed, including the fact that the test is entirely voluntary and can be performed anonymously if requested.

d. Information concerning behavioral patterns known to expose a person to the possibility of contracting AIDS and methods for minimizing the risk of exposure.

2. A person seeking an HIV-related test shall have the right to remain anonymous. A health care provider shall provide for the anonymous administration of the test at the subject's request or shall confidentially refer the subject to a site which provides anonymous testing.

3. At any time that a subject is informed of test results, counseling concerning the emotional and physical health effects shall be initiated. Particular attention shall be given to explaining the need for the precautions necessary to avoid transmitting the virus. The subject shall be given information concerning additional counseling. Any additional testing that is advisable shall be explained to the subject and arrangements for the testing shall be made.

4. Prior to withdrawing blood for the purpose of performing an HIV-related test, the subject shall be given written notice of the provisions of this section.

5. Notwithstanding subsections 1 through 4, the provisions of this section do not apply to any of the following:

a. The performance by a health care provider or health facility of an HIV-related test when the health care provider or health facility procures, processes, distributes, or uses a human body part donated for a purpose specified under the Uniform Anatomical Gift Act, or semen provided prior to July 1, 1988, for the purpose of artificial insemination, or donations of blood, and such test is necessary to assure medical acceptability of such gift or semen for the purposes intended.

b. The performance of an HIV-related test by licensed medical personnel in medical emergencies when the subject of the test is unable to grant or withhold consent, and the test results are necessary for medical diagnostic purposes to provide appropriate emergency care or treatment, except that posttest counseling shall be required.

c. A person engaged in the business of insurance who is subject to section 505.16.

6. A person may apply for voluntary treatment, contraceptive services, or screening or treatment for AIDS and other sexually transmitted diseases, directly to a licensed physician and surgeon, an osteopathic physician and surgeon, or a family planning clinic. Notwithstanding any other provision of law, if the person seeking the treatment is a minor who has personally made application for services, screening, or treatment, the fact that the minor sought services or is receiving services, screening, or treatment shall not be reported or disclosed, except for statistical purposes. Notwithstanding any other provision of law, however, the minor shall be informed prior to testing that upon confirmation according to prevailing medical technology

of a positive test result the minor's legal guardian is required to be informed by the testing facility. Testing facilities where minors are tested shall have available a program to assist minors and legal guardians with the notification process which emphasizes the need for family support and assists in making available the resources necessary to accomplish that goal. However, a testing facility which is precluded by federal statute, regulation, or center for disease control guidelines, from informing the legal guardian is exempt from the notification requirement, but not from the requirement for an assistance program. The minor shall give written consent to these procedures and to receive the services, screening, or treatment. Such consent is not subject to later disaffirmance by reason of minority.

Sec. 3. NEW SECTION. 135I.3 CONFIDENTIALITY OF RECORDS.

1. A person possessing information regulated by this chapter shall not disclose the identity of any other person upon whom an HIV-related test is performed or the results of such a test in a manner which would permit identification of another person and a person shall not be compelled to disclose the identity of any person upon whom an HIV-related test is performed, or the results of the test in a manner which permits identification of the subject of the test, except to any of the following persons:

a. The subject of the test or the subject's legal guardian subject to the provisions of section 135I.2, subsection 6, when applicable.

b. Any person who secures a written release of test results executed by the subject of the test or the subject's legal guardian.

c. An authorized agent or employee of a health facility or health care provider if the health facility or health care provider ordered or participated in the testing or is otherwise authorized to obtain the test results, the agent or employee provides patient care or handles or processes

specimens of body fluids or tissues, and the agent or employee has a medical need to know such information.

d. Licensed medical personnel providing care to the subject of the test, when knowledge of the test results is necessary to provide care or treatment.

e. The department in accordance with reporting requirements for an HIV-related condition.

f. A health facility or health care provider which procures, processes, distributes, or uses a human body part from a deceased person with respect to medical information regarding that person, or semen provided prior to July 1, 1988, for the purpose of artificial insemination.

g. A person allowed access to a record by a court order which is issued in compliance with the following provisions:

(1) There is a court finding that the person seeking the test results has demonstrated a compelling need for the test results which cannot be accommodated by other means. In assessing compelling need, the court shall weigh the need for disclosure against the privacy interest of the test subject and the public interest which may be disserved by disclosure due to its deterrent effect on future testing or due to its effect in leading to discrimination.

(2) Pleadings pertaining to disclosure of test results shall substitute a pseudonym for the true name of the subject of the test. The disclosure to the parties of the subject's true name shall be communicated confidentially, in documents not filed with the court.

(3) Before granting an order, the court shall provide the person whose test results are in question with notice and a reasonable opportunity to participate in the proceedings if the person is not already a party.

(4) Court proceedings as to disclosure of test results shall be conducted in camera unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice.

(5) Upon the issuance of an order to disclose test results, the court shall impose appropriate safeguards against unauthorized disclosure, which shall specify the persons who may gain access to the information, the purposes for which the information shall be used, and appropriate prohibitions on future disclosure.

h. An employer, if the test is authorized to be required under any other provision of law.

2. A person to whom the results of an HIV-related test have been disclosed pursuant to subsection 1 shall not disclose the test results to another person except as authorized by subsection 1, or by a court order issued pursuant to subsection 1.

3. If disclosure is made pursuant to this section, the disclosure shall be accompanied by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose." An oral disclosure shall be accompanied or followed by such a notice within ten days.

Sec. 4. NEW SECTION. 135I.4 REMEDIES AND PENALTIES.

1. A person who violates a provision of section 135I.2 or 135I.3, is subject to a civil penalty not to exceed one thousand dollars for each violation. Civil penalties collected pursuant to this subsection shall be forwarded to the treasurer of the state for deposit in the general fund of the state.

2. A person aggrieved by a violation of this chapter shall have a right of action for damages in district court.

3. An action under this chapter is barred unless the action is commenced within two years after the cause of action accrues.

4. The attorney general may maintain a civil action to enforce this chapter.

5. This chapter does not limit the rights of the subject of an HIV-related test to recover damages or other relief under any other applicable law.

6. This chapter shall not be construed to impose civil liability or criminal sanction for disclosure of HIV-related test results in accordance with any reporting requirement for a diagnosed case of AIDS or a related condition by the department or the centers for disease control of the United States public health service.

Sec. 5. NEW SECTION. 135I.5 RULES ADOPTED.

The department shall adopt rules pursuant to chapter 17A to implement and enforce this chapter. The rules may include procedures for taking appropriate action with regard to health facilities or health care providers which violate this chapter or the rules adopted pursuant to this chapter.

The department shall adopt rules pursuant to chapter 17A which require that if a health care provider attending a person prior to the person's death determines that the person suffered from or was suspected of suffering from a contagious or infectious disease, the health care provider shall place with the remains written notification of the condition for the information of any person handling the body of the deceased person subsequent to the person's death.

The department, in cooperation with the department of public safety, and persons who represent those who attend dead bodies shall establish for all emergency medical providers including paramedics, ambulance personnel, physicians, nurses, hospital personnel, first responders, peace officers, or firefighters, who provide emergency care services to a person, and shall establish for all persons who attend dead bodies,

protocol, and procedures for the use of universal precautions to prevent the transmission of contagious and infectious diseases.

Sec. 6. NEW SECTION. 246.515 HUMAN IMMUNODEFICIENCY VIRUS-RELATED MATTERS -- EXEMPTION.

The provision of chapters 135H and 135I relating to knowledge and consent do not apply to persons committed to the custody of the department. The department may provide for medically acceptable procedures to inform employees, visitors, and persons committed to the department of possible infection and to protect them from possible infection.

Sec. 7. NEW SECTION. 505.16 APPLICATIONS FOR INSURANCE -- TEST RESTRICTIONS -- DUTIES OF COMMISSIONER.

1. A person engaged in the business of insurance shall not require a test of an individual in connection with an application for insurance for the presence of an antibody to the human immunodeficiency virus unless the individual provides a written release on a form approved by the insurance commissioner. The form shall include information regarding the purpose, content, use, and meaning of the test, disclosure of test results including information explaining the effect of releasing the information to a person engaged in the business of insurance, the purpose of which the test results may be used, and other information approved by the insurance commissioner. The form shall also authorize the person performing the test to provide the results of the test to the insurance company subject to rules of confidentiality, consistent with section 135I.3, approved by the insurance commissioner. As used in this section, "a person engaged in the business of insurance" includes hospital service corporations organized under chapter 514 and health maintenance organizations subject to chapter 514B.

2. The insurance commissioner shall approve rules for carrying out this section including rules relating to the preparation of information to be provided before and after a

test and the protection of confidentiality of personal and medical records of insurance applicants and policyholders.

Sec. 8. The Code editor shall, as appropriate, codify the provisions of this Act, with the exception of section 7 of this Act, and Senate File 2157 and other appropriate Acts approved by the general assembly into one chapter relating to acquired immune deficiency syndrome and shall provide appropriate divisions within that chapter.

Sec. 9. Section 135C.23, subsection 2, Code Supplement 1987, is amended to read as follows:

2. A health care facility shall not knowingly admit or retain a resident:

a. Who is dangerous to the resident or other residents.

b. Who is in an acute stage of alcoholism, drug addiction, or mental illness, ~~or an active state of communicable disease~~.

c. Whose condition or conduct is such that the resident would be unduly disturbing to other residents.

d. Who is in need of medical procedures, as determined by a physician, or services which cannot be or are not being carried out in the facility.

This section does not prohibit the admission of a patient with a history of dangerous or disturbing behavior to an intermediate care facility, skilled nursing facility, or county care facility when the intermediate care facility, skilled nursing facility, or county care facility has a program which has received prior approval from the department to properly care for and manage the patient. An intermediate care facility, skilled nursing facility, or county care facility is required to transfer or discharge a resident with dangerous or disturbing behavior when the intermediate care facility, skilled nursing facility, or county care facility cannot control the resident's dangerous or disturbing behavior. The department, in coordination with the state mental health and mental retardation commission, shall adopt rules pursuant to chapter 17A for programs to be required in

intermediate care facilities, skilled nursing facilities, and county care facilities that admit patients or have residents with histories of dangerous or disturbing behavior.

The denial of admission of a person to a health care facility shall not be based upon the patient's condition, which is the existence of a specific disease in the patient, but the decision to accept or deny admission of a patient with a specific disease shall be based solely upon the ability of the health care facility to provide the level of care required by the patient.

DONALD D. AVENSON
Speaker of the House

JO ANN ZIMMERMAN
President of the Senate

I hereby certify that this bill originated in the House and is known as House File 2294, Seventy-second General Assembly.

JOSEPH O'HERN
Chief Clerk of the House

Approved _____, 1988

TERRY E. BRANSTAD
Governor

HF 2294

SENATE FILE 2094

AN ACT

RELATING TO INSTRUCTIONAL REQUIREMENTS FOR HUMAN GROWTH AND DEVELOPMENT IN GRADES KINDERGARTEN THROUGH TWELVE AND PROVIDING AN EFFECTIVE DATE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 256.11, subsections 2, 3, and 4, Code Supplement 1987, are amended to read as follows:

2. The kindergarten program shall include experiences designed to develop healthy emotional and social habits and growth in the language arts and communication skills, as well as a capacity for the completion of individual tasks, and protection and development of physical well-being with attention given to experiences relating to the development of life skills and human growth and development. A kindergarten teacher shall hold a certificate providing that the holder is qualified to teach in kindergarten. An accredited nonpublic school must meet the requirements of this subsection only if the nonpublic school offers a kindergarten program.

3. The following areas shall be taught in the grades one through six: English-language arts, including reading, handwriting, spelling, oral and written English, and literature; social studies, including geography, history of the United States and Iowa, cultures of other peoples and nations, and American citizenship, including the study of national, state, and local government in the United States; mathematics; science, including environmental awareness and

conservation of natural resources; health and physical education, including the effects of alcohol, tobacco, drugs, and poisons on the human body, human sexuality, self-esteem, stress management, and interpersonal relationships; the characteristics of communicable diseases, including acquired immune deficiency syndrome; traffic safety, including pedestrian and bicycle safety procedures; music; and art.

4. The following shall be taught in grades seven and eight as a minimum program: science, including environmental awareness and conservation of natural resources; mathematics; social studies; cultures of other peoples and nations, and American citizenship; English-language arts which shall include reading, spelling, grammar, oral and written composition, and may include other communication subjects; health and physical education, including the effects of alcohol, tobacco, drugs, and poisons on the human body, the characteristics of communicable diseases, including venereal sexually transmitted diseases and acquired immune deficiency syndrome, current crucial health issues, human sexuality, self-esteem, stress management, and interpersonal relationships; music; and art.

Sec. 2. Section 256.11, subsection 6, paragraph j, Code Supplement 1987, is amended to read as follows:

j. Health education, including an awareness of physical and mental health needs, the effects of alcohol, tobacco, drugs, and poisons on the human body, the characteristics of communicable diseases, including venereal sexually transmitted diseases and acquired immune deficiency syndrome, and current crucial health issues, human sexuality, self-esteem, stress management, and interpersonal relationships.

Sec. 3. NEW SECTION. 279.50 HUMAN GROWTH AND DEVELOPMENT INSTRUCTION.

SF 2094

1. Each board of directors of a public school district shall appoint a resource committee composed of representatives of the following groups: parents, teachers, school administrators, pupils, health care professionals, members of the clergy, members of the business community, and other residents of the school district deemed appropriate. The resource committee shall study the provision of instruction to pupils in grades kindergarten through twelve appropriate to the pupils' grade level, age, and level of maturity, in topics related to human growth and development in order to promote accurate and comprehensive knowledge in this area, to foster responsible decision making, based on cause and effect, and to support and enhance the efforts of parents to provide moral guidance to their children. The resource committee shall address and make recommendations to the board concerning the school district's curriculum on each of the following topics of instruction:

a. Self-esteem, responsible decision making, and personal responsibility and goal setting.

b. Interpersonal relationships.

c. Discouragement of premarital adolescent sexual activity.

d. Family life and parenting skills.

e. Human sexuality, reproduction, contraception and family planning, prenatal development including awareness of mental retardation and its prevention, childbirth, adoption, available prenatal and postnatal support, and male and female responsibility.

f. Sex stereotypes.

g. Behaviors to prevent sexual abuse or sexual harassment.

h. Sexually transmitted diseases, including acquired immune deficiency syndrome, and their causes and prevention.

i. Substance abuse treatment and prevention.

j. Suicide prevention.

k. Stress management.

2. The resource committee shall make its recommendations regarding the implementation of human growth and development instruction for the school district, including the instructional topics specified in subsection 1, paragraphs "a" through "k", to the school board at least every three years and shall provide written notification to the state department of education.

3. The school board may designate the advisory committee appointed pursuant to section 280.12, subsection 2, as the resource committee to perform the duties required by this section, provided the advisory committee appointed under section 280.12, subsection 2 meets the resource committee composition requirements in subsection 1 of this section.

4. Each school board shall provide instruction in kindergarten which gives attention to experiences relating to life skills and human growth and development as required in section 256.11.

Each school board shall provide instruction in human growth and development including instruction regarding human sexuality, self-esteem, stress management, interpersonal relationships, and acquired immune deficiency syndrome as required in section 256.11, in grades one through twelve. Each school board shall annually provide to a parent or guardian of any pupil enrolled in the school district, information about the human growth and development curriculum used in the pupil's grade level and the procedure for inspecting the instructional materials prior to their use in the classroom. A pupil shall not be required to take instruction in human growth and development if the pupil's parent or guardian files with the appropriate principal a written request that the pupil be excused from the

instruction. Notification that the written request may be made shall be included in the information provided by the school district.

Each school board or merged area school which offers general adult education classes or courses shall periodically offer an instructional program in parenting skills and in human growth and development for parents, guardians, prospective biological and adoptive parents, and foster parents.

5. The state department of education shall make available model human growth and development curricula for grades kindergarten through twelve which shall include the instructional topics specified in subsection 1, paragraphs "a" through "k". The department of education shall distribute the model curricula to each school board, to the authorities in charge of each accredited nonpublic school, and to each resource committee appointed pursuant to subsection 1, and shall provide technical assistance to school boards and resource committees in the use or adaptation of the curricula.

6. Each area education agency shall periodically offer a staff development program for teachers who provide instruction in human growth and development.

7. The department of education shall identify and disseminate information about early intervention programs for students who are at the greatest risk of suffering from the problems of dropping out of school, substance abuse, adolescent pregnancy, or suicide.

Sec. 4. HUMAN GROWTH AND DEVELOPMENT. Rules adopted by the state board under section 256.17 which prescribe standards for accredited schools shall include human sexuality, self-esteem, stress management, interpersonal relationships, the characteristics of acquired immune deficiency syndrome, and give attention to experiences relating to the development of life skills and human growth and development.

Sec. 5. Section 279.50, subsections 1 through 3 and 5, as enacted in this Act, are amended by striking the subsections.

Sec. 6. Section 5 of this Act takes effect July 1, 1992.

JO ANN ZIMMERMAN
President of the Senate

DONALD D. AVENSON
Speaker of the House

I hereby certify that this bill originated in the Senate and is known as Senate File 2094, Seventy-second General Assembly.

JOHN F. DWYER
Secretary of the Senate

Approved _____, 1988

TERRY E. BRANSTAD
Governor

SF 2094

SENATE FILE 2157

AN ACT

RELATING TO A COMPREHENSIVE ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) PREVENTION AND INTERVENTION PLAN.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. ACQUIRED IMMUNE DEFICIENCY SYNDROME-RELATED CONDITIONS -- FINDINGS.

The general assembly finds and declares that acquired immune deficiency syndrome (AIDS)-related conditions present a significant challenge to the nation and to this state. The nation and this state are presented with the challenge of compensating society for the loss of many young, productive citizens. The state is also challenged with protecting the public health while maintaining individual liberties.

Iowans will experience the impact of AIDS-related conditions for some time and expect the establishment of a proactive, effective policy based upon reason and medical evidence, not a reactive, ineffective policy based upon fear and prejudice.

An effective, comprehensive policy includes many elements. The general assembly finds and declares that the state comprehensive plan for the prevention of and intervention in AIDS-related conditions includes the following elements: public and professional health education; testing and counseling, including contact counseling; and the increased availability of public information. Other elements, including

protection of individual rights, confidentiality, and provision of care, are parts of a comprehensive approach to prevention of and intervention in AIDS-related conditions.

Sec. 2. NEW SECTION. 135H.1 LEAD AGENCY.

The Iowa department of public health is designated as the lead agency in the coordination and implementation of the state comprehensive acquired immune deficiency syndrome (AIDS)-related conditions prevention and intervention plan. As used in this chapter, "acquired immune deficiency syndrome-related conditions" or "AIDS-related conditions" means human immunodeficiency virus, acquired immune deficiency syndrome, acquired immune deficiency syndrome-related complex, or any other condition resulting from the human immunodeficiency virus infection.

Sec. 3. NEW SECTION. 135H.2 COMPREHENSIVE ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)-RELATED CONDITIONS PREVENTION AND INTERVENTION PLAN.

1. The Iowa department of public health shall implement the various components of the comprehensive AIDS prevention and intervention plan in accordance with the following prioritized schedule:

a. Public and professional health education.

b. Testing and counseling.

c. Contact counseling.

d. Public information.

2. All federal and state moneys appropriated to the Iowa department of public health for AIDS-related activities shall be allocated in accordance with the prioritized schedule, and grants shall be awarded to the maximum extent feasible to community-based organizations.

Sec. 4. NEW SECTION. 135H.3 PUBLIC AND PROFESSIONAL EDUCATION.

1. The Iowa department of public health shall, in cooperation with the department of education and other agencies, organizations, coalitions, and local health departments,

develop and implement a program of public and professional AIDS-related education.

2. The program of public and professional AIDS-related education shall include the following components:

a. Pertinent AIDS-related conditions information directed toward individuals who are at risk for an AIDS-related condition.

b. Pertinent AIDS-related conditions information directed toward all providers of health care.

c. Pertinent AIDS-related conditions information directed toward the general public.

Sec. 5. NEW SECTION. 135H.4 TESTING AND COUNSELING.

Testing and counseling shall be offered to the following:

1. All persons seeking treatment for a sexually transmitted disease.

2. All persons seeking treatment for intravenous drug abuse or having a history of intravenous drug abuse.

3. All persons who consider themselves at risk for the human immunodeficiency virus infection.

4. Male and female prostitutes.

Counseling and testing shall be provided at alternative testing and counseling sites and at sexually transmitted disease clinics. The Iowa department of public health shall assist local boards of health in the development of programs which provide free anonymous testing to the public.

Sec. 6. NEW SECTION. 135H.5 PUBLIC INFORMATION CAMPAIGNS.

The Iowa department of public health shall develop, in cooperation with other agencies, organizations, coalitions, and local health departments, through incorporation of the efforts of print, wire, and air media, public information campaigns to increase the distribution of information to the public. Public information campaign activities shall include the following:

1. The conducting of informational campaigns designed to increase the understanding of AIDS-related conditions in all segments of the population to alleviate unfounded fear and anxiety.

2. The stimulation of individual and community actions to develop AIDS public service activities.

3. The encouragement of the use of AIDS public service announcements.

Sec. 7. NEW SECTION. 135H.6 PARTNER NOTIFICATION PROGRAM -- HUMAN IMMUNODEFICIENCY VIRUS (HIV).

1. The Iowa department of public health shall implement, as a part of the comprehensive AIDS prevention and intervention plan, a partner notification program for persons known to have tested positive for the human immunodeficiency virus infection, beginning September 1, 1988.

2. The Iowa department of public health shall initiate the program at alternative testing and counseling sites and at sexually transmitted disease clinics.

3. In administering the program, the Iowa department of public health shall provide for the following:

a. A person who tests positive for the human immunodeficiency virus infection shall receive posttest counseling, during which time the person shall be encouraged on a strictly confidential basis to refer for counseling and human immunodeficiency virus testing any person with whom the person has had sexual relations or has shared intravenous equipment.

b. If, following counseling, a person who tests positive for the human immunodeficiency virus infection chooses to disclose the identity of any sexual partners or persons with whom the person has shared intravenous equipment, the physician or health practitioner attending the person shall obtain written consent which acknowledges that the person is making the disclosure voluntarily.

c. The physician or health practitioner attending the person shall forward any written consent forms to the Iowa department of public health.

4. In making contact the Iowa department of public health shall not disclose the identity of the person who provided the names of the persons to be contacted and shall protect the confidentiality of persons contacted.

5. The Iowa department of public health may delegate its partner notification duties under this section to local health authorities unless the local authority refuses or neglects to conduct the contact tracing program in a manner deemed to be effective by the Iowa department of public health.

6. A person who violates a confidentiality requirement of subsection 1, 2, 3, 4, or 5 is guilty of a class "D" felony.

Sec. 8. NEW SECTION. 135H.7 ACCREDITATION OF HUMAN IMMUNODEFICIENCY VIRUS TESTING LABORATORIES.

1. For the purpose of this section unless the context otherwise requires:

a. "Clinical laboratory" means a facility for the microbiological, serological, chemical, hematological, radiobioassay, cytological, immunohematological, pathological or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or assessment of a medical condition.

b. "Blood bank" means a facility for the collection, processing, or storage of human blood or blood derivatives, or from which or by means of which human blood or blood derivatives are distributed or otherwise made available.

c. "Laboratory" includes a clinical laboratory and a blood bank.

2. Beginning July 1, 1988, human immunodeficiency virus screening and confirmatory testing shall be performed only by laboratories certified on an annual basis pursuant to this section.

3. The director of public health shall adopt rules establishing standards for the accreditation of laboratories to perform human immunodeficiency virus screening and confirmatory testing. The rules shall include but are not limited to standards relating to proficiency testing, record maintenance, adequate staffing, and confirmatory testing. The rules shall provide for acceptance of accreditation programs which are in conformance with the standards established by the rules.

4. The Iowa department of public health shall provide application forms for certification of a laboratory. The director shall prescribe by rule the information to be included on the application form.

5. A laboratory shall not be certified unless the laboratory meets all standards established by the Iowa department of public health.

6. The Iowa department of public health may conduct periodic inspections of laboratory facilities, methods, procedures, materials, staff, and equipment for compliance with the standards established pursuant to this section. The department may delegate this authority to the state hygienic laboratory.

7. A laboratory's certification may be revoked, suspended, or limited, if at any time the laboratory is found to be in violation of any of the standards adopted by the department pursuant to this section.

Sec. 9. NEW SECTION. 135H.8 ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)-RELATED CONDITIONS -- SCREENING, TESTING, AND REPORTING.

1. Prior to withdrawing blood for the purpose of performing a human immunodeficiency virus-related test, the physician or other practitioner shall inform the subject of the test that the test is voluntary and may be performed anonymously if requested. Within seven days after the testing of a person with a test result indicating human

immunodeficiency virus infection which has been confirmed as positive according to prevailing medical technology, the physician or other practitioner at whose request the test was performed shall make a report to the Iowa department of public health on a form provided by the department. Prior to making the required report, the physician or other practitioner shall provide written information regarding the partner notification program and shall inquire if the person wishes to initiate participation in the program by agreeing to have identifying information reported to the department on a confidential basis.

2. Within seven days of diagnosing a person as having an AIDS-related condition, the diagnosing physician shall make a report to the Iowa department of public health on a form provided by the department.

3. Within seven days of the death of a person resulting from an AIDS-related condition, the attending physician shall make a report to the Iowa department of public health on a form provided by the department.

4. Within seven days of the testing of a person with a test result indicating human immunodeficiency virus infection which has been confirmed as positive according to prevailing medical technology, the director of a blood plasma center or blood bank shall make a report to the Iowa department of public health on a form provided by the department.

5. Within seven days of the testing of a person with a test result indicating human immunodeficiency virus infection which has been confirmed as positive according to prevailing medical technology, the director of a clinical laboratory shall make a report to the Iowa department of public health stating the person's name or a confidential form of identification known only to the physician or other health practitioner requesting the test and the name and address of the physician or other health care practitioner requesting the test.

6. The forms provided by the department pursuant to subsections 2 and 3 shall contain the name, date of birth, sex, and address of the subject of the report and the name and address of the physician or other person making the report. The forms provided by the department pursuant to subsections 1, 4, and 5 may include the subject's age, race, marital status, or other information deemed necessary by the department for epidemiological purposes, but shall not include the subject's name or address without the written authorization of the subject.

The subject shall be provided with information regarding the confidentiality measures followed by the department and may request that the department maintain the subject's confidential file for the purposes of partner notification, or for the inclusion of the subject in research or treatment programs.

Sec. 10. NEW SECTION. 135H.9 DUTIES OF PUBLIC HEALTH OFFICIALS.

1. State and local health officers shall investigate sources of human immunodeficiency virus infection and shall use every appropriate means to prevent the spread of the disease.

2. The Iowa department of public health shall do all of the following:

a. Provide consultation to agencies and organizations regarding appropriate policies for testing, education, confidentiality, and infection control.

b. Conduct health information programs for the public relating to human immunodeficiency virus infection, including information about how the infection is transmitted and can be prevented. The department shall prepare, for free distribution, printed information relating to human immunodeficiency virus infection and prevention.

c. Provide educational programs concerning human immunodeficiency virus infection in the workplace.

d. Develop and implement human immunodeficiency virus education risk-reduction programs for specific populations at high risk for infection.

e. In cooperation with the department of education, develop and update a medically correct acquired immune deficiency syndrome prevention curriculum for use at the discretion of secondary and middle schools.

School districts shall provide every elementary and secondary school student, with parental consent, education concerning human immunodeficiency virus infection and acquired immune deficiency syndrome and its prevention.

Sec. 11. NEW SECTION. 135M.10 CONFIDENTIAL REPORTS AND IMMUNITIES.

1. Reports, information, and records submitted and maintained pursuant to this chapter are strictly confidential medical information. The information shall not be released, shared with an agency or institution, or made public upon subpoena, search warrant, discovery proceedings, or by any other means except under any of the following circumstances:

a. Release may be made of medical or epidemiological information for statistical purposes in a manner such that no individual person can be identified.

b. Release may be made of medical or epidemiological information to the extent necessary to enforce the provisions of this chapter and related rules concerning the treatment, control, and investigation of human immunodeficiency virus infection by public health officials.

c. Release may be made of medical or epidemiological information to medical personnel in a medical emergency to the extent necessary to protect the health or life of the named party.

2. An officer or employee of the state or local department of health or a person making a report pursuant to this chapter shall not be examined in any judicial, executive, legislative, or other proceeding as to the existence or content of an individual report made pursuant to this chapter.

3. Reports, information, and records which contain the identity of persons except reports, information, and records necessary to honor the requests made pursuant to section 135H.8 shall be destroyed immediately after the extraction of statistical data and completion of contact identification or in no event longer than six months from the date the report, information, or record was received.

4. A person making a report in good faith pursuant to this chapter is immune from any liability, civil or criminal, which might otherwise be incurred or imposed as a result of the report.

5. For purposes of this section, "good faith" means objectively reasonable, and not in violation of clearly established statutory rights or other rights of a person which a reasonable person would know or should have known.

Sec. 12. Section 135.11, Code Supplement 1987, is amended by adding the following new subsections:

NEW SUBSECTION. 22. Adopt rules which require personnel of a licensed hospice, of a homemaker-home health aide provider agency which receives state homemaker-home health aide funds, or of an agency which provides respite care services and receives funds to complete a minimum of two hours of training concerning acquired immune deficiency syndrome-related conditions through a program approved by the department. The rules shall require that new employees complete the training within six months of initial employment and existing employees complete the training on or before January 1, 1989.

NEW SUBSECTION. 23. Adopt rules which require all emergency medical services personnel, firefighters, and law enforcement personnel to complete a minimum of two hours of training concerning acquired immune deficiency syndrome-related conditions and the prevention of human immunodeficiency virus infection.

Sec. 13. WAIVER PROCESS INITIATION.

The department of human services shall initiate the application process in order to obtain a waiver from the health care financing administration of the United States department of health and human services for the provision of alternative services to persons with acquired immune deficiency syndrome or a related condition.

Sec. 14. Sections 139.41 and 139.42, Code Supplement 1987, are repealed.

JO ANN ZIMMERMAN
President of the Senate

DONALD D. AVENSON
Speaker of the House

I hereby certify that this bill originated in the Senate and is known as Senate File 2157, Seventy-second General Assembly.

JOHN F. DWYER
Secretary of the Senate

Approved _____, 1988

TERRY E. BRANSTAD
Governor

This is a group of Somebodies.

Somebodies come in different sizes, shapes and colors.

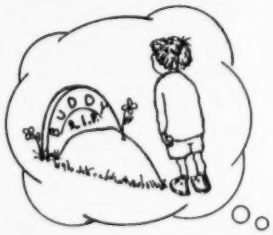
Somebodies are either male or female.

All somebodies are special, because there is no other somebody just like them.

All somebodies feel glad, mad, sad or scared at times.

Somebodies
feel glad when they are doing what they like and do best.

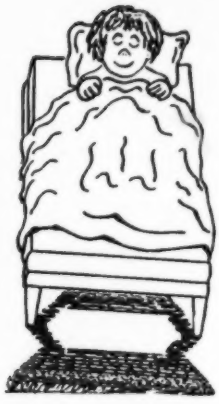
Somebodies
feel mad when things happen to them that they do not like.



Somebodies
feel sad when they don't feel well, or when anybody hurts them.

Somebodies
feel scared when they don't know what is going to happen.

Somebodies
need the right kinds of food . . .



and plenty of rest
to grow up.

Somebodies
need exercise to become strong.

Younger somebodies
need older somebodies to help
them be safe and healthy.

All somebodies
need others to l♥ve, and to be loved.

There are times when somebodies get sick.

If a somebody has the flu or the chicken pox, he or she needs to stay away from others, so others don't get the flu or chicken pox.

If a somebody has AIDS, he or she can be with others without making them sick.

④

Most of the time, somebodies can decide what to do with their special bodies.

Other times, things happen that nobody can control.

Then, somebodies need friends and families to love them and help them in special ways.